MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00500

00532

CERTIFICATE OF DEATH

Reg. Dist. No. 1 32

1. PLACE OF DEATH: Burkittsville
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville
STREET ADDRESS (If rural give location) Main St.,

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) Alice (Last) Ahalt

4. DATE OF DEATH: (Month) Jan (Day) 23 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 6, 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Drego Wash. Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Solomon Jease Montgomery

14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Elmer Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Acute Coronary Thrombosis — Interval Between Onset And Death: unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis, general — unknown

DUE TO

(260X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus

19a. DATE OF OPERATION: 0 none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) neither

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 6, 19 55 to Jan 15, 19 55, that I last saw the deceased alive on Jan 15, 19 55, and that death occurred at 2:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Elmer C. Elkenon M.D. ADDRESS 208 Broad St. Middletown Md. DATE SIGNED 1/23/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan. 26-55 NAME OF CEMETERY OR CREMATORY Lutheran LOCATION (City, town or county) Middletown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 25-55 REGISTRAR'S SIGNATURE Mairs Headhill

24. FUNERAL DIRECTOR C H Fraeta & Bro ADDRESS Brunswick

M

I MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00501

00497

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital 69

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodsboro X
STREET ADDRESS (If rural give location) Rural 1

3. NAME OF DECEASED: (Type or Print) (First) GERTRUDE (Middle) PEARL (Last) BEARD

4. DATE OF DEATH: (Month) Jan (Day) 21 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 6/4/1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Silas A Kline

14. MOTHER'S MAIDEN NAME: Elma Miener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no 4

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Melvin L Beard, Woodsboro, Rural

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

584-X Immediate cause (a) Acute Hepatic Necrosis — 2 4 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic & Acute Cholecystitis & Cholelithiasis — 2 yrs (?)
DUE TO (c) Operation - Cholecystectomy — 24 hrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: Jan. 20-1955 — 19b. MAJOR FINDINGS OF OPERATION Gangrene of Gall-Bladder & Cholecystitis & Cholelithiasis — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14 1955 to Jan. 21, 1955, that I last saw the deceased alive on Jan. 21, 1955, and that death occurred at 7:05 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank S Worthington M.D. — ADDRESS Frederick - Md. — DATE SIGNED Jan. 21-1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 24-55 — NAME OF CEMETERY OR CREMATORY Rocky Hill — LOCATION (City, town, or county) (State) near Woodsboro Md

DATE REC'D BY LOCAL REGISTRAR Jan 22. — REGISTRAR'S SIGNATURE Elizabeth S Leach

24. FUNERAL DIRECTOR — ADDRESS Powell & Hartzler, Woodsboro, Md

RECEIVED
JAN 25 1955
BUREAU V. S.

00502

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 13

00498

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 11 Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick, 11
STREET ADDRESS (If rural give location) Watkins Acres, apt. 3, D.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Becker

4. DATE OF DEATH: (Month) Jan. (Day) 29th (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan. 29-1955
9. AGE Last birthday: yrs.
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. 18

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Earl Franklin Becker
14. MOTHER'S MAIDEN NAME: Helen Pankewitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mother Apt 3 D Watkins Acres Frederick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 776X Prematurity - 2 hours - — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/29, 1955, to 1/29, 1955, that I last saw the deceased alive on 1/29, 1955, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Byron D. White, M.D. ADDRESS Frederick, Md DATE SIGNED 1/29/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-29-55
NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
LOCATION (City, town, or county) Frederick, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 29 Jan 1955
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR R. E. Dailey ADDRESS Fred. Md.

2015271221

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 1 1955
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00503

00499 **CERTIFICATE OF DEATH** Reg. Dist. No. 13

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR (If outside corporate limits, write RURAL and give nearest town) 11 Frederick
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 E. 4th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Walkersville
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (First) FLORA (Middle) CATHERINE (Last) BEST
4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: June 10, 1864
9. AGE last birthday: 90 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George W. Best
14. MOTHER'S MAIDEN NAME: Catherine Cramer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Miss Nina Jamison, Walkersville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
443X
IMMEDIATE CAUSE (A) DUE TO Arteriosclerotic Cardio-Vascular Disease with Hypertension — INTERVAL BETWEEN ONSET AND DEATH several years.
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept. 1952, to Jan. 9, 1955, that I last saw the deceased alive on Jan. 8, 1955, and that death occurred at 11:45 P M, from the causes and on the date stated above.
SIGNATURE Ernest A. Dietterich M. D. ADDRESS Frederick Md. DATE SIGNED 1/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan 12, 1955
NAME OF CEMETERY OR CREMATORY Glade
LOCATION (City, town, or county) (State) Walkersville Md.
DATE REC'D BY LOCAL REGISTRAR 11 Jan. 1955
REGISTRAR'S SIGNATURE Elizabeth G. Hoke
24. FUNERAL DIRECTOR J. C. Barton, Walkersville, ADDRESS Md.

RECEIVED
JAN 13 1955
BUREAU V. S.

00504

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00533 **CERTIFICATE OF DEATH** Reg. Dist. No. 13

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~, OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Ijamsville-Rural R.D.#1
LENGTH OF STAY (in this place) 24 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dr. Perry Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Ijamsville-Rural R.D.#1
STREET ADDRESS (If rural give location) Dr. Perry Road

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) DELIAH (Last) BRANDENBURG

4. DATE OF DEATH: (Month) January (Day) 26, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~. (Specify): Widow

8. DATE OF BIRTH: February 13, 1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gideon Bussard

14. MOTHER'S MAIDEN NAME: Sophia Recher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Miss. Laura P. Brandenburg, Ijamsville #1, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	450.0	(A) DUE TO Senility	9 months
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO Arteriosclerosis, generalized	Few years.
		(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1954, to 1-24, 1955, that I last saw the deceased alive on 1-24, 1955, and that death occurred at 3:10 A M, from the causes and on the date stated above.

SIGNATURE Ira R. Martin M. D. ADDRESS Frederick, Maryland DATE SIGNED 1/29/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Jan. 29, 1955

NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery

LOCATION (City, town, or county) (State) Frederick, County, Maryland

DATE REC'D BY LOCAL REGISTRAR 28 Jan, 1955

REGISTRAR'S SIGNATURE Elizabeth S. Heck.

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

RECEIVED
JAN 31 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00530

CERTIFICATE OF DEATH

Reg. Dist. No. 00505 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK
LENGTH OF STAY (in this place) 1 WEEK
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEW MARKET
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (First) ERVIE (Middle) LESTER (Last) BRASHEAR
4. DATE OF DEATH: (Month) JAN (Day) 20 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: APRIL 21-1890
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months 8 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES W. BRASHEAR
14. MOTHER'S MAIDEN NAME: BETTY WYNKOOP

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY No.: 220-18-0486
17. INFORMANT & ADDRESS: (WIFE) FRANCES BRASHEAR NEW MARKET MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes mellitus DUE TO

(c)

Interval Between Onset And Death: days / years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1952, to 20 Jan, 1955, that I last saw the deceased alive on 20 Jan., 1955, and that death occurred at 12.45 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) James B. Thomas, M.D.
ADDRESS Frederick, Md.
DATE SIGNED 1/22/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF JAN 23-1955
NAME OF CEMETERY OR CREMATORY MARVIN CHAPEL CEMETERY
LOCATION (City, town, or county) PLACE NO FOUR
(State) MD

DATE REC'D BY LOCAL REGISTRAR 1-22-1955
REGISTRAR'S SIGNATURE Elizabeth Y. Fech.
24. FUNERAL DIRECTOR C. E. Talbert
ADDRESS New Market Md

VS. A15

JAN 28 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00506

00501 CERTIFICATE OF DEATH Reg. Dist. No. 13

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) Lifelong
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 251 West Patrick Street

3. NAME OF DECEASED: (Type or Print) (First) DEVILLO (Middle) COLEGATE (Last) BRISH
4. DATE OF DEATH: (Month) January (Day) 12 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: October 27, 1865
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Inspecter
10b. KIND OF BUSINESS OR INDUSTRY: State Roads
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Brish
14. MOTHER'S MAIDEN NAME: Margaret Wachter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Colegate H. Brish - Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery sclerosis with probable acute infarction DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis, generalized DUE TO

(c)

Interval Between Onset And Death: (a) 1 hour. (b) years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1953, to 1-12, 1955, that I last saw the deceased alive on 1-12, 1955, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. R. Martin M.D. 35 E. Church St Frederick Md 1-13-55

23. BURIAL, CREMATION, REMOVAL? (Specify) Burial
DATE THEREOF Jan. 14, 1955
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 13 Jan. 1955
REGISTRAR'S SIGNATURE Elizabeth S. Hoke
24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00507

00530 CERTIFICATE OF DEATH Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) 12yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 710 "A" Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural give location) 710 "A" Street

3. NAME OF DECEASED: (Type or Print) (First) Monroe (Middle) Weller (Last) Brubaker

4. DATE OF DEATH: (Month) I - (Day) 12 - (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3-23-1999 17

9. AGE last birthday: 37 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (Never retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: B.&.O.R.R.Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John R.Brubaker

14. MOTHER'S MAIDEN NAME: Ada M.Wachter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs.Thelma Brubaker,Brunswick,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive heart failure — Interval Between Onset And Death: 1 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage — 6 Mos.
DUE TO (c) Rheumatic heart disease — years.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1- 11-, 1955, to 1-12-, 1955, that I last saw the deceased alive on 1-12-, 1955, and that death occurred at 4 A m, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED 1-13-55

23. BURIAL, CREMATION, REMOVAL Burial DATE THEREOF 1-14-55 NAME OF CEMETERY OR CREMATORY Park Hights PLACE (City or town) Brunswick,Md. (State)

DATE REC'D BY LOCAL REGISTRAR Jan 13-55 REGISTRAR'S SIGNATURE Kathryn H. Brown

24. FUNERAL DIRECTOR ADDRESS C.H.Feete and Bro,Brunswick,Md.

JAN
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00508

00502

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) 11 Frederick
LENGTH OF STAY (In this place) Life
69 HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
STREET ADDRESS (If rural give location) 213 West South Street.

3. NAME OF DECEASED: (First) MICHAEL (Middle) DENNIS (Last) BURKE
4. DATE OF DEATH: (Month) January (Day) 13 (Year) 19 55

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: January 7, 1955
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Norman Joseph Burke
14. MOTHER'S MAIDEN NAME: Barbara Ellen Hallen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mother - 213 West South St Frederick Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ..... Prematurity — Interval Between Onset And Death: 15 hours.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) .....
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12 ....., 1955, to 1-13 ....., 1955, that I last saw the deceased alive on 1-12 , 1955, and that death occurred at Frederick (9:30 P.M.), from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Ray L Martin MD. — 35-E Church St. — 1-13-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 13, 1955
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 13 Jan 1955
REGISTRAR'S SIGNATURE Elizabeth L. Hoch.
24. FUNERAL DIRECTOR ADDRESS: C. E. Cline & Son - 8 East ~~Patrick Street~~ Frederick, Maryland

2015352271

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00509

00503

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Fred
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural New London
STREET ADDRESS (If rural give location) Frederick Co. Md.

3. NAME OF DECEASED: (Type or Print) (First) Rubin (Middle) (Last) Butler

4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: MAR. 29-1875

9. AGE last birthday: 80? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Butler

14. MOTHER'S MAIDEN NAME: Annie Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 219-01-2437

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Congestive heart failure	10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Anemia, severe	Unknown
	(c) DUE TO Chronic lymphatic leuchemia	Unknown

204.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6/55, 19 ..., to 1/13, 1955, that I last saw the deceased alive on 1/12, 1955, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Henry V. Chase M. D. 4 E Church St. Frederick Md. 1/13/55

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Jan. 15-55 Woodville Woodville-Md

DATE REC'D BY LOCAL REGISTRAR 14 Jan. 1955 REGISTRAR'S SIGNATURE Elizabeth G. Herb

24. FUNERAL DIRECTOR Charles E. Hicks III ADDRESS Fred. Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00510

CERTIFICATE OF DEATH

0054

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick | LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Airy
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) W. (Last) CLAY
4. DATE OF DEATH: (Month) January (Day) 18, (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2 March 1866
9. AGE last birthday: 88 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Merchant Retired
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Clay
14. MOTHER'S MAIDEN NAME: Sarah Steele
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Miss Wava Clay, Mount Airy, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 900.0 (a) Shock — Senility.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Fracture femur

DUE TO (c)

Interval Between Onset And Death: 7 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: Jan 18 | 19b. MAJOR FINDINGS OF OPERATION: Fracture femur w Intertrochanteric

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Jan 11 | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) Carroll Co | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 11 55 m. | INJURY OCCURED While at Work ☐ Not While At Work ☒ | HOW DID INJURY OCCUR? Fell down Stairs

22. I hereby certify that I attended the deceased from Jan 11, 1955, to Jan 18, 1955, that I last saw the deceased alive on Jan 18 1955, and that death occurred at 1:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) E P Thomson, M. D. | ADDRESS Frederick Md | DATE SIGNED 18 Jan 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 21 Jan 1955 | NAME OF CEMETERY OR CREMATORY Prospect Cemetery | LOCATION (City, town, or county) (State) Carroll County, Maryland

DATE REC'D BY LOCAL REGISTRAR 20 Jan 1955 | REGISTRAR'S SIGNATURE Elizabeth S. Fech | 24. FUNERAL DIRECTOR C. M. Waltz, | ADDRESS Winfield, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00511

CERTIFICATE OF DEATH

Reg. Dist. No. 131

00595

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick
LENGTH OF STAY (In this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 619 Park Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick, //
STREET ADDRESS (If rural give location) 619 Park Place /

3. NAME OF DECEASED: (First) KATHRYN (Middle) REBECCA (Last) CULLER

4. DATE OF DEATH: (Month) January (Day) 25, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 1, 1891

9. AGE last birthday: 63 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph M. Null

14. MOTHER'S MAIDEN NAME: Margaret Ecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: 619 Park Place, Albert F. Culler, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.2 (A) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arteriosclerotic heart dis. — 10 yrs +
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute myocardial infarction in Aug. 1954

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. , 1954, to 25 Jan, 1955, that I last saw the deceased alive on 22 Jan , 1955, and that death occurred at 8:30 A M, from the causes and on the date stated above.

SIGNATURE Charles H Culler Jr M. D.
ADDRESS Frederick, Maryland
DATE SIGNED 1/28/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan. 27, 1955
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR Jan. 27, 1955
REGISTRAR'S SIGNATURE Elizabeth L. Herb

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland
ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00512

00506

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS En Route Fred. Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 173 W. Patrick Dr.
STREET ADDRESS (If rural, give location) Frederick, Md.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) WILLIAM (Last) Dansberger
4. DATE OF DEATH: (Month) Jan. (Day) 5, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	June 13, 1867	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Commercial Printer	Owner	Maryland	USA

13. FATHER'S NAME: George Dansberger
14. MOTHER'S MAIDEN NAME: Mary E. Himes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no no	None	6 Hamilton Avenue, Millard M. Dansberger, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE CORONARY ARTERY OCCLUSION — 30 MINS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Robert J. Imie, M. D., RD 6, Frederick, Md. 1-5-55

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 8, 1955	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
6 Jan. 1955	Elizabeth L. Fox	M. R. Etchison & Son, Frederick, Maryland

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

00513

2411 N. Charles Street, Baltimore

00507

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
10 COUNTY Frederick — MARYLAND
11 CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place) 10 yrs.
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Frederick 13
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 17 E. 9th. St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	MARY	IRENE	EYLER	Jan	6	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	Jan. 6, 1911	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Maryland	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. C. Tucker, Jr.	Katie E. Hutzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	—	Miss Nancy Eyler, 17 E. 9th. St., Fred., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Infarct	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of breast	6 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/25, 1954, to 1/6, 1955, that I last saw the deceased alive on 1/6, 1955, and that death occurred at 10.30 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. R. Schoolman	M.D.	228 N Market St Frederick Md	1/6/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Jan. 9 1955	Rocky Hill	Mt. Woodsboro, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8 Jan 1955	Elizabeth J. Hess	J. C. Barton, Walkersville,	Md.

00534

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00514

CERTIFICATE OF DEATH

Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Emmitsburg
LENGTH OF STAY (In this place) 10 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 88

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) M. (Last) Eyler
4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 19 55

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: March 8-1877
9. AGE last birthday: 77 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Thurmont Frederick Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. Smith
14. MOTHER'S MAIDEN NAME: Catherine Harbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS: Mrs Saml Hayes Emmitsburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X
Immediate cause (a) Intestinal obstruction — Interval Between Onset and Death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) metastatic carcinoma abdoma — 1 year
(c) Adenocarcinoma colon — 2 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1954, to Jan 29, 1955, that I last saw the deceased alive on Jan 28 1955, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. R. Cadle MD Emmitsburg Md 1-29-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 31-1955
NAME OF CEMETERY OR CREMATORY W.B. Cem
LOCATION (City, town, or county) (State) Thurmont Md

DATE REC'D BY LOCAL REG. Jan 31-1955
REGISTRAR'S SIGNATURE M.F. Shuff
24. FUNERAL DIRECTOR M.L. Creagerstown
ADDRESS Thurmont Md

00535

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00515

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - FREDERICK
LENGTH OF STAY (In this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 26

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - BOYDS
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	HENRY	FORD	JAN.	2,	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	FEB. 22, 1914	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	AGRICULTURE	MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
RICHARD HENRY FORD	ALICE VIRGINIA WRIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		JAMES SHELTON FORD - BROTHER - NR. FREDERICK

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY ARTERY OCCLUSION	10 MINS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

16. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY NONE	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert J. Luise	M.D.,	Box 236 RD 6, Frederick	1-2-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6 Jan. 1955	Rocky Creek Church	Buckeystown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6 Jan. 1955	Elizabeth S. Heck	Ernest L. Gardner, Jr.	Jefferson, Md.

VS. A15A

00528

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 00516

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 W. PATRICK ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN FREDERICK
STREET ADDRESS (If rural, give location) 108 W. PATRICK ST.

3. NAME OF DECEASED: (First) LOUISE (Middle) VIRGINIA (Last) FOX
4. DATE OF DEATH (Month) JAN. (Day) 15, (Year) 19 55
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: JAN. 26, 1901
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Clayton O'Hara
14. MOTHER'S MAIDEN NAME: Rose Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Charles W. Sines, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	CORONARY ARTERY OCCLUSION	10 MINS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	ARTERIOSCLEROTIC HEART DISEASE	YRS
	DUE TO (c)	DIABETES MELLITUS	YRS

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. NONE
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Irwin, M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Jan. 15, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Jan. 18, 1955
NAME OF CEMETERY OR CREMATORY United Bretheran Cemetery
LOCATION (City, town, or county) (State) Myersville, Maryland
DATE REC'D BY LOCAL REG. 17 Jan. 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00517

00536

CERTIFICATE OF DEATH

Reg. Dist. No. 80

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH: 10 COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
LENGTH OF STAY (in this place) 4 years
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick 10
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) WINFIELD (Middle) SCOTT (Last) GRIMES
4. DATE OF DEATH: (Month) Jan (Day) 5 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: 2/18/1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: tenant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Taylor Grimes
14. MOTHER'S MAIDEN NAME: Elizabeth Miller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: 219-01-0650A
17. INFORMANT & ADDRESS: Mrs John Gingling, New Windsor, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Arteriosclerotic C-V disease DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)
Interval Between Onset And Death: 4yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1950, to 1-5, 1955, that I last saw the deceased alive on 1-4, 1955, and that death occurred at 6:20 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James I. Shaum M.D. Westminster Md Jan 7, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/8/55
NAME OF CEMETERY OR CREMATORY Rocky Hill Cem.
LOCATION (City, town, or county) (State) Woodsboro Md

DATE REC'D BY LOCAL REGISTRAR Jan 8-1955
REGISTRAR'S SIGNATURE Grace A Benedict
24. FUNERAL DIRECTOR ADDRESS Powell & Hartzler Woodsboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00518

00537 # CERTIFICATE OF DEATH

Reg. Dist. No. 14-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Myersville
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) PETER (Last) GROSSNICKLE

4. DATE OF DEATH: (Month) January (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 20, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Gen. Farming

11. BIRTHPLACE (State or foreign country) Md. Nr. Myersville, Fred. Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Grossnickle of J.

14. MOTHER'S MAIDEN NAME: Mary Harshman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. J.P.Grossnickle, Myersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Urinary Infection Cystitis & Pyelitis — Interval Between Onset And Death: 1 mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Advanced generalized arteriosclerosis — 3 yrs
DUE TO (c) with cord changes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/12/54

19b. MAJOR FINDINGS OF OPERATION: Prostatic hypertrophy, Modified

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. ,1954 to 1/6 ,1955, that I last saw the deceased alive on 1/5 ,1955, and that death occurred at 10:45 PM from the causes and on the date stated above.

SIGNATURE C. F. Brie MD (Degree or title) ADDRESS Jefferson Md. DATE SIGNED 1/7/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Jan. 9, 1955

NAME OF CEMETERY OR CREMATORY Grossnickle's

LOCATION (City, town, or county) (State) Nr. Myersville, Fred. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Jan 8, 1955

REGISTRAR'S SIGNATURE Floy M. Bittle

24. FUNERAL DIRECTOR ADDRESS Paul F. Bittle, Myersville, Md.

RECEIVED
JAN 12 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00519

00519 CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 11
69 HOSPITAL OR INSTITUTION OR STREET ADDRESS Fred. Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick 11
STREET ADDRESS (If rural give location) 805 E. Patrick St.

3. NAME OF DECEASED: (Type or Print) (First) Lillye (Middle) B. (Last) Guyton

4. DATE OF DEATH: (Month) 1 (Day) 10 (Year) 1955

5. SEX: female | 6. COLOR OR RACE: white | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): married | 8. DATE OF BIRTH: 12-3-1888 | 9. AGE last birthday 66 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Daniel E. Hightman | 14. MOTHER'S MAIDEN NAME: Rebecca E. Crone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS: Russel Guyton, 805 E. Patrick St. Frederick Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pyelo-nephritis with hypostasis, INTERVAL BETWEEN ONSET AND DEATH 15 years

ANTECEDENT CAUSE (B) DUE TO Diabetes Mellitus 12 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Jan 10, 1955, that I last saw the deceased alive on Jan 9, 1955, and that death occurred at 12:30 PM, from the causes and on the date stated above.

SIGNATURE Bernard V. Thomas Jr. M.D. ADDRESS 225 N. Market St. Frederick, Md. DATE SIGNED Jan 11, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1-12-1955 | NAME OF CEMETERY OR CREMATORY Lutheran Cemetery | LOCATION (City, town, or county) Middletown (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11 Jan. 1955 | REGISTRAR'S SIGNATURE Elizabeth L. Fiske | 24. FUNERAL DIRECTOR Gladhill & G. ADDRESS Middletown, Md

VS. A11—10-53

RECEIVED
JAN 13 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

00510 2411 N. Charles Street, Baltimore 00520

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS 30 East South Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; STREET ADDRESS (If rural, give location) 30 East South Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H. (Last) Harrison-Jr.

4. DATE OF DEATH: (Month) Jan. (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married

8. DATE OF BIRTH: 7-30-1880

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe repairing

10b. KIND OF BUSINESS OR INDUSTRY: Own business

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. H. Harrison-Sr.

14. MOTHER'S MAIDEN NAME: Caroline Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Wm. H. Harrison, Jr. (wife) Fred'k. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis (c)

INTERVAL BETWEEN ONSET AND DEATH: 58 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1926, to 1-16, 1955, that I last saw the deceased alive on 1/16 1955, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE H J Hueston (Degree or title) ADDRESS Frederick Md DATE SIGNED 1-17 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 1-19-1955; NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery; LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 17 Jan. 1955; REGISTRAR'S SIGNATURE Elizabeth S. Fisher

24. FUNERAL DIRECTOR ADDRESS C.E. Cline and Son- Frederick- Md.

00521

MARYLAND STATE DEPARTMENT OF HEALTH

00511

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY FREDERICK — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK
LENGTH OF STAY (In this place) 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 FREDERICK MEMORIAL HOSPITAL W. THIRD ST

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND — COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK 11
STREET ADDRESS (If rural, give location) 11 W. THIRD ST.

3. NAME OF DECEASED (Type or Print): (First) NELLIE (Middle) COVER (Last) HIVELY

4. DATE OF DEATH: (Month) JAN. (Day) 8, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb 6, 1883

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND, Carroll Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William S. COVER

14. MOTHER'S MAIDEN NAME: Jennie Herman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Edward Lee Hively - 1234 M. St. N.W. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

E70.0

Immediate cause (a) CARBON MONOXIDE INTOXICATION — Interval Between Onset and Death: HRS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY HOME

(CITY OR TOWN) FREDERICK — (COUNTY) FREDERICK — (STATE) MD.

TIME (Month) (Day) (Year) (Hour) OF INJURY JAN. 8, 1955 6:30 a.m.

INJURY OCCURRED While at work ☐ Not while at work X

HOW DID INJURY OCCUR? COAL GAS FROM BOILER

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Robert J. Imie M.D., ADDRESS RD 6, Frederick, Md. DATE SIGNED 1-8-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 12 1955 — NAME OF CEMETERY OR CREMATORY Evangelical Reformed Cem — LOCATION (City, town, or county) (State) Frederick Md

DATE REC'D BY LOCAL REG. 8 Jan 1955 — REGISTRAR'S SIGNATURE Elizabeth G. Hoke

24. FUNERAL DIRECTOR C.C. Burdette — ADDRESS Frederick Md

RECEIVED
JAN 13 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00522

00512 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) FREDERICK
LENGTH OF STAY (in this place) 1 HR - 45 MIN.
11 69 HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSPITAL

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WESTMINISTER
STREET ADDRESS (If rural give location) ROUTE #5

3. NAME OF DECEASED: (First) MARJORIE (Middle) Louise (Last) HULL
4. DATE OF DEATH: (Month) JANUARY (Day) 13 (Year) 1955
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: JANUARY 10, 1914
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: CHESTER COOK
14. MOTHER'S MAIDEN NAME: HARRIET PETRY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: Herbert A. Hull, RD#5, Westminister, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 4 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Malignant Hypertension — Unknown.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/13, 1955, to 1/13, 1955, that I last saw the deceased alive on 1/13, 1955, and that death occurred at 2:15 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Henry V. Chase M.D. ADDRESS 4 E. Church St Frederick Md DATE SIGNED 1/13/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 17 Jan 1955 NAME OF CEMETERY OR CREMATORY Krider's Cemetery LOCATION (City, town, or county) (State) Nr. Westminister, Maryland
DATE REC'D BY LOCAL REGISTRAR 13 Jan 1955 REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR J. E. Myers, Jr., Westminister, ADDRESS Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

00538

00523

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

Item 9 Filed 1-26-55 et

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Frederick
LENGTH OF STAY (In this place): 90 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 68 Emergency Hospital-Penn.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 202 E. 4th Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Hunt
4. DATE OF DEATH: (Month) January (Day) 20 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 15, 1885
9. AGE last birthday: 70 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: *****
11. BIRTHPLACE (State or foreign country): Frederick, Co.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-20-9866
17. INFORMANT AND ADDRESS: Larie Hunt 202 E. 4th Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis — Years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1948, to Jan. 20, 1955, that I last saw the deceased alive on Jan. 19, 1955, and that death occurred at 3:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edward L. Thomas M.D. — ADDRESS: Frederick, Md. — DATE SIGNED: Jan 21, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 23, 55 — NAME OF CEMETERY OR CREMATORY: Fairview — LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG.: 21 Jan 1955 — REGISTRAR'S SIGNATURE: Elizabeth Stech

24. FUNERAL DIRECTOR — ADDRESS: Charles E. Hicks III Fred. Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00524

00513

CERTIFICATE OF DEATH

Reg. Dist. No. 131...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // ~~TOWN~~ Frederick; LENGTH OF STAY (in this place) Since 10/53; HOSPITAL OR INSTITUTION OR STREET ADDRESS 94 I.O.O.F. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen R.D. 2; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) DICKEY (Last) JAMISON

4. DATE OF DEATH: (Month) January (Day) 17, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widower

8. DATE OF BIRTH: February 13, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Jamison

14. MOTHER'S MAIDEN NAME: Mary Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: I.O.O.F. Home Records, Frederick, Maryland

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X IMMEDIATE CAUSE	(A) Cerebral hemorrhage	48 hours.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerosis	5 years.
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1954, to Jan. 17, 1955, that I last saw the deceased alive on Jan. 17, 1955, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

SIGNATURE W. M. Smith M. D. ADDRESS Frederick, Maryland DATE SIGNED 1/19/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 20, 1955	Grove Cemetery	Aberdeen, Maryland

DATE REC'D BY LOCAL REGISTRAR 19 Jan. 1955

REGISTRAR'S SIGNATURE Elizabeth G. Heth

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

00539

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00525 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - FREDERICK RD #5
LENGTH OF STAY (in this place) 32 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOWERS RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) RURAL - FREDERICK R.D.5
STREET ADDRESS (If rural, give location) BOWERS RD.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNIE	MATILDA	KLINE	JAN.	17,	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	MARRIED	SEPT. 30, 1875	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	AT HOME	MARYLAND	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harmon Fulmer	Charlotte Heller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No — No	None	Melvin Kline, R.F.D.#5, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CONGESTIVE HEART FAILURE	DAYS
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) PULMONARY FIBROSIS & EMPHYSEMA	YRS
DUE TO		
	(c) BRONCHIAL ASTHMA	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH NONE	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY NONE M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Finnie, M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 1-17-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 19, 1955	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
17 Jan. 1955	Elizabeth L. Heck	M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00526

00514

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 11 Frederick
LENGTH OF STAY (in this place) 71 Years
69 HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick 11
STREET ADDRESS (If rural give location) 704 Motter Avenue

3. NAME OF DECEASED: (First) CHARLES (Middle) GEORGE (Last) KLINE
4. DATE OF DEATH: (Month) January (Day) 10, (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower
8. DATE OF BIRTH: March 18, 1883
9. AGE last birthday: 71 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Antique Dealer
10B. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ephriam H. Kline
14. MOTHER'S MAIDEN NAME: Margaret Mohler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: 704 Motter Avenue, Miss Daisy E. Kline, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) PERFORATIC DUODENAL ULCER — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSE (B) DUE TO (B) ACUTE & CHRONIC PYLEO-NEPHRITIS — 1 year +

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) DIABETUS MELLITUS — 5 yrs +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. RHEUMATIC HEART DISEASE — 10 yrs +

19A. DATE OF OPERATION: 2—
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1954 to Jan. 10, 1955 that I last saw the deceased alive on Jan. 10, 1955, and that death occurred at 4:05 P.M., from the causes and on the date stated above.

SIGNATURE W. C. Thomas M. D. ADDRESS Frederick, Maryland DATE SIGNED 1/11/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Jan. 13, 1955
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 13 Jan. 1955
REGISTRAR'S SIGNATURE: Elizabeth G. Heck.
24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

RECEIVED
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BUREAU V. S.

00515

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00527

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 136 East Fifth Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 136 East Fifth Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	LEWIS	WILLIAM	LEE		January	20,	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	29 July 1876	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Blacksmith	Lime Company	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Lee	Susan Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	214-10-4477	Mrs. Austin C. Powell, ~~20 E. 9th St.,~~ Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocardial Infarction	10'
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	Yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert J. Jurie,	M. D.	R. F. D. #6, Frederick, Md.	21 Jan 1955

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	22 Jan 1955	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
22 Jan 1955	Elizabeth G. Keck	M. R. Etchison & Son,	Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

00516

2411 N. Charles Street, Baltimore

00528

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
10 COUNTY: Frederick — MARYLAND
11 CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick — LENGTH OF STAY (in this place): 1-year
69 HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick //
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick //
STREET ADDRESS (If rural, give location): 219 E. 6th St. /

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Henrietta (Last) Lettau
4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): separated
8. DATE OF BIRTH: May 17-1904
9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stitcher
10b. KIND OF BUSINESS OR INDUSTRY: Book Bindery
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Seager
14. MOTHER'S MAIDEN NAME: Carrie Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 213-26-2198
17. INFORMANT AND ADDRESS: 219 E. 6th St. Mrs. Mary A. Norwood- Frederick-Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval between onset and death: 6h

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Myocarditis
(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29, 1954 to 1-4, 1955, that I last saw the deceased alive on 1-3, 1955, and that death occurred at 7:55 A.m., from the causes and on the date stated above.

SIGNATURE & (Degree or title): M.J. Bushen — ADDRESS: Frederick Md — DATE SIGNED:

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial | DATE THEREOF: Jan. 7-1955 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery | LOCATION (City, town, or county) (State): Baltimore- Maryland

DATE REC'D BY LOCAL REG.: 6 Jan. 1955 | REGISTRAR'S SIGNATURE: Elizabeth S. Heck

24. FUNERAL DIRECTOR ADDRESS: C.E.Cline and Son- Frederick-Maryland

00517

00529

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 131

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place) 12 MINS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 FREDERICK MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
~~CITY~~ OR TOWN (If outside corporate limits write RURAL and give nearest town) SELLMAN 15 X. 2.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) IRVEN (Last) LYDARD
4. DATE OF DEATH (Month) JAN. (Day) 26, (Year) 19 55
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~. (Specify): MARRIED
8. DATE OF BIRTH: JULY 27, 1901
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): SIGNALMAN
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Lydard
14. MOTHER'S MAIDEN NAME: Virginia Phillips
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-18-8026
17. INFORMANT & ADDRESS: Annie Lydard (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (97 ox)	(a) GUNSHOT WOUND OF HEAD	1 HR.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY HOME
21c. (City or town) SELLMON - (County) MONTGOMERY - (State) MARYLAND
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY JAN. 26, 1955 6 45 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? SHOT SELF WITH .22 cal pistol

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Finnie, M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Jan. 26, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1-29-55
NAME OF CEMETERY OR CREMATORY Monocacy Cemetery
LOCATION (City, town, or county) (State) Beallsville, Md.

DATE REC'D BY LOCAL REG. 27 Jan 1955
REGISTRAR'S SIGNATURE Elizabeth B. Hedrick
24. FUNERAL DIRECTOR ADDRESS Wm. B. Hilton, Barnesville Md.

VS. A15A - 5 - 53

00540

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00530 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 138

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X RURAL - MONROVIA
LENGTH OF STAY (in this place) MINS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MD. RTE 75

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN CLARKSBURG
STREET ADDRESS (If rural, give location) 15 X 2

3. NAME OF DECEASED: (Type or Print) (First) ELMO (Middle) LEE (Last) MAUPIN

4. DATE OF DEATH (Month) JAN. (Day) 28, (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	SINGLE	SEPT. 28, 1936	18 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
	Printer	Virginia	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Elmo C. Maupin	Nellie Cornett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No No	220-32-5108	Elmo C. Maupin, Clarksburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	FRACTURED SKULL	MINS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)		
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY HIGHWAY	21c. (City or town) NR. MONROVIA - (County) FREDERICK - (State) MD.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY JAN. 28, 1955 6 10 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Lost control of auto he was driving & struck light pole

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Finnie, M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 1-28-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 1, 1955	Clarksburg Methodist Cem.	Clarksburg, Maryland

DATE REC'D BY LOCAL REG'R	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
29 Jan 1955	Lucian K. Fabrom	W. B. Hilton, Parmesville, Maryland

Item 18 Film G176 2-4-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00531

00518

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY: FREDERICK — MARYLAND

11 CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FREDERICK

LENGTH OF STAY (in this place): 5 Days

69 HOSPITAL OR INSTITUTION OR STREET ADDRESS: FREDERICK MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MD — COUNTY: Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MT AIRY X

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) HATTIE (Middle) M. (Last) MERCER

4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 1955

5. SEX: F

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 7-8-69

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSHUA HILLERY

14. MOTHER'S MAIDEN NAME: REBECCA LEWIS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175.X

Immediate cause (a) Primary carcinoma of the Right Ovary

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYDRONEPHROSIS ?

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 17, 1955, to JAN 22, 1955, that I last saw the deceased alive on JAN 22, 1955, and that death occurred at JAN 22 55 3:45 PM from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John M. Culler MD	15 E Second St. Frederick, MD	Jan 22-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/24/1955	Pine Grove	Mt. Airy Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/22/1955	Elizabeth S. Lech.	C. M. Waltz	Winfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

00519

2411 N. Charles Street, Baltimore

00532

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 11 Frederick
LENGTH OF STAY (in this place): 42 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 19 Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick 11
STREET ADDRESS (If rural give location): 339 North Market Street 1

3. NAME OF DECEASED (Type or Print): (First) Homer (Middle) Smith (Last) Mohler
4. DATE OF DEATH: (Month) Jan. (Day) 16 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: 2-26-1882
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas J. Mohler
14. MOTHER'S MAIDEN NAME: Laura V. Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: John L. Mohler(brother) Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4.43X
Immediate cause (a) Thrombosis, Middle Cerebral Artery Right — 1 week

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebral Arteriosclerosis — 2 years
(c) Hypertensive Cardiovascular Disease — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1955, to Jan., 1955, that I last saw the deceased alive on Jan., 1955, and that death occurred at 4:30A m., from the causes and on the date stated above.

SIGNATURE: Thomas E. Stem (Degree or title) M.D. ADDRESS: 4 W 2nd St DATE SIGNED: 1-17-55

23. BURIAL, CREMATION ☐ REMOVAL ☐ (Specify): Burial | DATE: Jan. 18-1955 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery | LOCATION (City, town, or county) (State): Frederick- Md.

DATE REC'D BY LOCAL REG.: 17 Jan. 1955 | REGISTRAR'S SIGNATURE: Elizabeth L. Stack

21. FUNERAL DIRECTOR ADDRESS: C.E. Cline and Son- Frederick- Maryland

VS. A15

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00529

CERTIFICATE OF DEATH

00533

Reg. Dist. No. 13 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
   COUNTY: Frederick
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
   MARYLAND LENGTH OF STAY (in this place): 7 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 107 Ice Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland COUNTY: Fred.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
   STREET ADDRESS (If rural give location): 107 Ice Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Newman

4. DATE OF DEATH: (Month) Jan. (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 28, 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Janitor

10b. KIND OF BUSINESS OR INDUSTRY: ********

11. BIRTHPLACE (State or foreign country): Lucketts, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Phillip Newman

14. MOTHER'S MAIDEN NAME: Cora Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-30-8865

17. INFORMANT & ADDRESS: Carrie B. Newman 107 Ice Street, Fred. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) .. DUE TO: Phlebothrombosis left calf with probable pulmonary embolus

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) .. DUE TO
(c)

Interval Between Onset And Death: 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-27-1954 to 1-19-1955, that I last saw the deceased alive on 1-19-1955, and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. R. Martin M.D. 35E Church Frederick Md 1-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Jan. 26, 1955 NAME OF CEMETERY OR CREMATORY: Fairview LOCATION (City, town, or county) (State): Frederick Maryland

DATE REC'D BY LOCAL REGISTRAR: 24 Jan 1955 REGISTRAR'S SIGNATURE: Elizabeth S. Heck.

24. FUNERAL DIRECTOR ADDRESS: Charles E. Hiwks III Fred. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00534

00541 CERTIFICATE OF DEATH Reg. Dist. No. 13

Typed 14 - File 0176 1-26-55 ot

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buckeystown
LENGTH OF STAY (in this place) 57 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Buckeystown

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buckeystown
STREET ADDRESS (If rural give location) Buckeystown

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) BERTHA (Last) NICODEMUS

4. DATE OF DEATH: (Month) January (Day) 20 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 10, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. Fenton Thomas

14. MOTHER'S MAIDEN NAME: Adelaide Sumpter Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Edgar R. Nicodemus - Buckeystown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemmhage - Hemiplegia 2d. — 13 mo

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 27, 1953, to Jan 20, 1955, that I last saw the deceased alive on Jan 20, 1955 and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. A. Pearre M.D. ADDRESS Frederick Md. DATE SIGNED 1/22/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 22, 1955 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 22 Jan. 1955 — REGISTRAR'S SIGNATURE Elizabeth S. Keefer

24. FUNERAL DIRECTOR C. E. Cline & Son — ADDRESS 8 East Patrick Street Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

06542

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00535

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Evergreen Point — LENGTH OF STAY (In this place): 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Evergreen Point - Frederick
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JOHN	RODNEY	ODEN	JAN.	7,	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Mar. 29, 1954	0 yrs.	9			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Henry Oden	Margaret Ellen Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mother - Same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Third Degree Burns & Suffocation — MINS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home	(CITY OR TOWN): N. Frederick	(COUNTY): Frederick	(STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Jan. 7, 1954, 10:25 a.m.		Trailer in which they lived caught fire from oil burner.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert J. Jurie, M.D.	RD 6, Frederick, Md.	1-10-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 9, 1955	Furnace Mountain Cem.	Fairfax Co. Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1 Jan 1955	Elizabeth L. Fisher	C. E. Cline & Son, Frederick, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00536

00543

CERTIFICATE OF DEATH

Reg. Dist. No. 131

Item 1, Film G176 1-27-55 et

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
X OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Adamstown
LENGTH OF STAY (in this place) Years
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adamstown X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (First) WILLIAM (Middle) HANSON (Last) RENN
4. DATE OF DEATH (Month) (Day) (Year) January 22, 1955
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widower
8. DATE OF BIRTH: December 30, 1871
9. AGE last birthday: 83 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farm
10B. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Calvin Renn
14. MOTHER'S MAIDEN NAME: Mary Zimmerman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 2 No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 218-30-9954
17. INFORMANT & ADDRESS: W. Homer Renn, Adamstown, Maryland

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 IMMEDIATE CAUSE	(A) Uremia	3 weeks
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) Acute "Pyelonephritis	1 month
	DUE TO	
	(C) Arteriosclerotic Heart Disease	2 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Generalized Arteriosclerosis	3 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Any, 1954, to 22 Jan., 1955, that I last saw the deceased alive on 22 Jan., 1955, and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE: Thomas E Stone M. D.
ADDRESS: 4 West 3rd St
DATE SIGNED: 1-22-55

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY): Burial
DATE THEREOF: Jan. 25, 1955
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 24 Jan. 1955
REGISTRAR'S SIGNATURE: Elizabeth L. Hoke
24. FUNERAL DIRECTOR: M. R. Etchison & Son, ADDRESS: Frederick, Maryland

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00537

00521

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 516 Trail Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 516 Trail Avenue

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Worth (Last) Robb, M. D.

4. DATE OF DEATH: (Month) Jan (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

DATE OF BIRTH: Jan 10, 1876

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Psychiatrist

11. BIRTHPLACE (State or foreign country): LINTON Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: T. P. Robb Deceased

14. MOTHER'S MAIDEN NAME: Catherine Marshall Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Mary P. Robb, 516 Trail Ave., Frederick, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic Heart Disease — Interval between onset and death: 3 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized arteriosclerosis — Unknown

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1954, to Jan 29 1955, that I last saw the deceased alive on Jan 29, 1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE: Greg Lemen Mgr (Degree or title) ADDRESS: Gunnison Colo DATE SIGNED: Jan 29 55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 29 Jan 1955 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Clarinda, Iowa

DATE REC'D BY LOCAL REG.: 29 Jan 1955 — REGISTRAR'S SIGNATURE: Elizabeth S. Heck.

24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland — ADDRESS

FEB 1 1 5
BUFFALO N. Y.

00544 MARYLAND STATE DEPARTMENT OF HEALTH 00538

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural--Frederick
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) T. (Last) ROBERTSON

4. DATE OF DEATH: (Month) 1 (Day) 17 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9-9-1879

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer -retired

10b. KIND OF BUSINESS OR INDUSTRY: owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel T. Robertson

14. MOTHER'S MAIDEN NAME: Miranda M. Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. Ignatius Lambert, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis — 10 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1914, to Jan 17 1955, that I last saw the deceased alive on Jan 17, 1955, and that death occurred at 1:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Nelson Berns M.D. Westminster 1/18/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 1-20-1955
NAME OF CEMETERY ~~OR CREMATORY~~: Winfield Church of God
LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG.: Jan. 20, 1955
REGISTRAR'S SIGNATURE: Blanche A. Tyler

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00539

00531 CERTIFICATE OF DEATH Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
MARYLAND LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS I3 South Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural give location) I3 South Virginia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) May (Last) Rohrback

4. DATE OF DEATH: (Month) I - (Day) I0 - (Year) 19 55

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out) Married | 8. DATE OF BIRTH: 7-I8-I90I | 9. AGE last birthday: 53 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles W.Hutts | 14. MOTHER'S MAIDEN NAME: Emma Simons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: H.W.Rohrback,Brunswick,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ... Congestion heart failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO

(c)

Interval Between Onset And Death 4/8 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8-55, to 1-10-55, that I last saw the deceased alive on 1-10-55, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF I-12-55 | NAME OF CEMETERY OR CREMATORY Locust Valley | LOCATION (City, town, or county) (State) Rural,Burkittsville,Md

DATE REC'D BY LOCAL REGISTRAR Jan. 11 - 55 | REGISTRAR'S SIGNATURE Kathryn H. Brown

24. FUNERAL DIRECTOR C.H.Feete and Bro. ADDRESS B. Lee Feete

VS. A15

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JAN 14 19[illegible]
BUREAU V. S.

00540

MARYLAND 00522

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
MARYLAND
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rocky Ridge
STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) E (Last) SCHILDT

4. DATE OF DEATH: (Month) January (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 14, 1872

9. AGE last birthday: 82 yrs.
If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: W. M. Railway

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David W. Schildt

14. MOTHER'S MAIDEN NAME: Elizabeth Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-16-0239A

17. INFORMANT AND ADDRESS: Mrs. Howard Danner, Thurmont, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval between onset and death: 1 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Diverticulitis vesico sigmoid — Interval between onset and death: 10 days

(c) Partial large bowel obstruction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized edema Dementia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1953, to Jan 24, 1955, that I last saw the deceased alive on Jan 23, 1955, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE: H. H. Klee M.D. (Degree or title)

ADDRESS: Fordeman Md

DATE SIGNED: Jan 26 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Jan 26, 1955

NAME OF CEMETERY OR CREMATORY: Church of Brethern

LOCATION (City, town, or county) (State): Rocky Ridge Fred Co. Md.

DATE REC'D BY LOCAL REG.: 25 Jan 1955

REGISTRAR'S SIGNATURE: Elizabeth G. Fleck

24. FUNERAL DIRECTOR: M.L. Creager & Son, Thurmont, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

00545

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. No. 00541

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY FREDERICK MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - FREDERICK

LENGTH OF STAY (in this place) 2 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS GAMBRILL STATE PARK

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY FREDERICK

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN FREDERICK

STREET ADDRESS (If rural, give location) 714 TRAIL AVE.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	WILLIAM	SHOOK	JAN. 11, 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	MARRIED	NOV. 19, 1901	53 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
MECHANIC	AUTOMOTIVE	Thurmont Fredk Co. Md	U.S.A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Daniel Shook	Annie Hovis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no	219-03-0547	Viola Shook 714 Trail Ave. Frederick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CARBON MONOXIDE POISONING	MINS.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY STATE PARK	21c. (City or town, (County) (State) GAMBRILL STATE PARK - FREDERICK - MARYLAND
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY JAN. 11, 1955 @ 9¢° AM	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? HOSED MUD EXHAUST INTO CLOSED PASSENGER VEHICLE

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Jamison M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Jan. 12, 1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 14. 1955	Blue Ridge Cem.	Thurmont Fredk Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12 Jan 1955	Elizabeth B. Hahn	M.L. Creager & Son	Thurmont. Md

00546 00542

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 139

Items 8,9,Film G176 2-2-55 el

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cullen
LENGTH OF STAY (In this place) 177 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 04 Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) Columbia Road

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) May (Last) Silvius

4. DATE OF DEATH: (Month) Jan. (Day) 15, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct. 20, 1897 1898

9. AGE last birthday: 64 Cl yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & Waitress.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Washington Spitler

14. MOTHER'S MAIDEN NAME: Sarah V. Reynard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-28-2477

17. INFORMANT & ADDRESS: Daughter, Mrs. Leona Bauer, 123 College Ave. Ellicott City, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

010 X IMMEDIATE CAUSE (A) Tuberculous meningitis — INTERVAL BETWEEN ONSET AND DEATH: 9 months.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 12

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1954, to Jan. 15, 1955, that I last saw the deceased alive on Jan. 15, 1955, and that death occurred at 4:25 A.M., from the causes and on the date stated above.

SIGNATURE F. C. Higinbothom M.D. ADDRESS Cullen, Maryland DATE SIGNED January 17, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 1/18/55
NAME OF CEMETERY OR CREMATORY: Good Shepherd
LOCATION (City, town, or county) (State): Ellicott City, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1/15/55
REGISTRAR'S SIGNATURE: F. C. Higinbothom

24. FUNERAL DIRECTOR ADDRESS: F. C. Higinbothom, Ellicott City, Md.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00523

CERTIFICATE OF DEATH

Reg. Dist. No. 00543 13

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) 11 Frederick
LENGTH OF STAY (in this place) 39 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Three Pines Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Nr. Braddock Heights X
STREET ADDRESS (If rural give location) Fulmer's Station 1

3. NAME OF DECEASED: (Type or Print) (First) JULIA (Middle) MURPHY (Last) SMITH

4. DATE OF DEATH: (Month) January (Day) 7 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: June 15, 1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Murphy

14. MOTHER'S MAIDEN NAME: Alverta Hyatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Naomi Lipps - Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) ..... Cerebral Hemorrhage — Interval Between Onset And Death: 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arter. Sclerosis — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from June 10, 1950, to Jan. 7, 1955, that I last saw the deceased alive on Jan. 7, 1955, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. O. Hamma M.D. — ADDRESS Frederick Md — DATE SIGNED 1/10/55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~, (Specify) Burial — DATE THEREOF Jan. 11, 1955 — NAME OF CEMETERY OR CREMATORY New Market Methodist Cem. — LOCATION (City, town, or county) New Market, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 10 Jan 1955 — REGISTRAR'S SIGNATURE Elizabeth Hoch

24. FUNERAL DIRECTOR — ADDRESS C. E. Cline & Son - 8 East Patrick Street, Frederick, Maryland

VS. A15

RECEIVED
JAN 12 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00544

00524 CERTIFICATE OF DEATH Reg. Dist. No. 131

Item 2, FilmG175 1-17-55 et

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place)
90 HOSPITAL OR INSTITUTION OR STREET ADDRESS Crutchley Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS 122 W. 4th St. (If rural give location) Frederick
Crutchley Nursing Home-Frederick

3. NAME OF DECEASED: (First) MAGGIE (Middle) (Last) SMITH
4. DATE OF DEATH: (Month) January (Day) 12 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: November 6, 1864
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John J. Rhoderick
14. MOTHER'S MAIDEN NAME: Catherine Ann Sponseller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mr. Robert Rhoderick - Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) 422.1 Chronic myocarditis
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)
Interval Between Onset And Death: 2yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis. 2yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1952, to Jan. 12, 1955, that I last saw the deceased alive on Jan. 12, 1955, and that death occurred at 7:55 p.m., from the causes and on the date stated above.
SIGNATURE H. Rhoderick M.D. (Degree or Title)
ADDRESS Frederick Md.
DATE SIGNED Jan. 13 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 15, 1955
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) Frederick, (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 13 Jan. 1955
REGISTRAR'S SIGNATURE Elizabeth S. Koch
24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street ADDRESS Frederick, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 14 1955
BUREAU V. S.

00547

00545

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural, Woodsboro
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Woodsboro
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MYRTLE	LEVENIA	SMITH	Jan	8	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	Single	May 6 1912	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Own home	Maryland	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clarence M. Smith	Georgiana Hostler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	—	Mrs. Clarence E. Smith, Keymar, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-7-, 1955, to 1-8-, 1955, that I last saw the deceased alive on 1-7-, 1955, and that death occurred at 8.00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. H. Legg MD Union Bridge Md 1-11-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 11, 1955	Beaver Dam	Mt. Johnsville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 11/55	L C Powell	H. C. Barton	Walkersville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00546

00548 CERTIFICATE OF DEATH Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural
LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Ijamsville, P.O. Centerville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural X
STREET ADDRESS (If rural give location) Ijamsville, P.O. Centerville, Md

3. NAME OF DECEASED: (Type or Print) (First) Viola (Middle) (Last) Smith
4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: July 23, 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: ***
11. BIRTHPLACE (State or foreign country): Frederick, Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Randolph Cromwell
14. MOTHER'S MAIDEN NAME: Martha Duffins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: James Smith.. Ijamsville, P.O. Fred. Co.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death
Immediate cause (a) Pneumonia - hypostatic — 2 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Hemorrhage — 5 days
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 26, 1955, to Jan. 29, 1955, that I last saw the deceased alive on Jan. 27, 1955, and that death occurred at 12:25 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
E. A. Hedburn M. D. Frederick, Md. 2/1/55

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
DATE THEREOF Feb. 2, 1955
NAME OF CEMETERY OR ~~CREMATORY~~ Eberneeza
LOCATION (City, town, or county) (State) Centerville, Fred. Co. Md.
DATE REC'D BY LOCAL REGISTRAR 2 February 1955
REGISTRAR'S SIGNATURE Elizabeth J. Heck.
24. FUNERAL DIRECTOR ADDRESS Charles E. Hicks III Fred. Co. Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00547

00525 **CERTIFICATE OF DEATH** Reg. Dist. No. 18

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 1 week
11
69 HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN Buckeystown (If outside corporate limits, write RURAL and give nearest town) X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) LEWIS (Middle) EDWARD (Last) SPECHT

4. DATE OF DEATH: (Month) JAN. (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: 5-5-1895

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY: Brick Works

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis A. L. Specht

14. MOTHER'S MAIDEN NAME: Alice Magaha

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWARI

16. SOCIAL SECURITY NO.: 217-05-0840

17. INFORMANT & ADDRESS: 4309-Kathland St, - Walter L. Specht-(Brother) Balto 7-Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Failure — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerotic Heart disease — 10 yrs. ±

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver — ?

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to 5 Jan., 1955, that I last saw the deceased alive on 5 Jan., 1955, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H. Bailey Jr. M.D. ADDRESS Frederick, Maryland DATE SIGNED 6 Jan. 1955.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-8-1955 — NAME OF CEMETERY OR CREMATORY Monocacy Cemetery — LOCATION (City, town, or county) (State) Beallsville - Md.

DATE REC'D BY LOCAL REGISTRAR 8 Jan 1955 — REGISTRAR'S SIGNATURE Elizabeth J. Heck

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son - Frederick - Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00548

~~00549~~

CERTIFICATE OF DEATH

Reg. Dist. No. 132

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Middletown
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) C. (Last) Stine

4. DATE OF DEATH: (Month) 1 (Day) 3 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married

8. DATE OF BIRTH: 7-15-1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfred Young

14. MOTHER'S MAIDEN NAME: Lavinia Darr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: John W. Stine, Middletown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 IMMEDIATE CAUSE	(A) Respiratory Infection	5 days
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Myocardial decompensation	1 yr
	DUE TO (C) Advanced generalized arteriosclerosis	5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/24, 1954 to 1/1, 1955, that I last saw the deceased alive on 1/1, 1955, and that ~~death~~ occurred at 10:45 AM, from the causes and on the date stated above.

SIGNATURE C. Lallad Price M.D. ADDRESS Jefferson Md. DATE SIGNED 1/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1-6-1955

NAME OF CEMETERY OR CREMATORY Luck. Cem. Jeff.

LOCATION (City, town, or county) Jefferson (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan 6-54

REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR & ADDRESS Gladhill Co, Middletown, Md.

00549

00550

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

Items 8,9, FilmC178 3-11-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick	MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market	LENGTH OF STAY (In this place) 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS	
2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market	
STREET ADDRESS (If rural, give location) X 1	

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Katie	Elizabeth	Thomas		January	28	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Female	colored	Married	April 1, 1891	1886 64 68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWORK	HOME	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Henry Pryer	Mary Eliza Lyles.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no.	—	Mary Pearl (Daughter) New Market Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
443X Immediate cause	(a) Cerebral Hemorrhage	Less than 1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	5 years
	(c) Diabetes Mellitus	3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept, 1952, to Jan, 1955, that I last saw the deceased alive on January 27 1955, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W.B. Culwell	M.D.	Mt Airy, Md.	January 28, 1955

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan-30-1955	Simpsons Chapel Cemetery	New Market	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 29-55	Lucian R Talbert	W E Talbert	New Market Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00550

00551 **CERTIFICATE OF DEATH** Reg. Dist. No. 134

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
10 COUNTY Frederick MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Emmitsburg
LENGTH OF STAY (in this place) 50
50 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Emmitsburg X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Benedict (Last) Topper

4. DATE OF DEATH: (Month) Jan. (Day) 1, (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH: Jan 31. 1868 | 9. AGE last birthday: 86 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: Own Farm | 11. BIRTHPLACE (State or foreign country): Emmitsburg Fredk Co. Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Topper.

14. MOTHER'S MAIDEN NAME: Elizabeth Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. James Orndorff Rural Emmitsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSE (S) DUE TO (B) Hypertension — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic myocarditis — ?

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1954, to Jan. 2, 1955, that I last saw the deceased alive on Jan. 2, 1955, and that death occurred at 6:15P. M, from the causes and on the date stated above.

SIGNATURE W. Joseph Bird M.D. ADDRESS Thurmont Md. DATE SIGNED 1/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Jan. 5th. 1955 | NAME OF CEMETERY OR CREMATORY St Josephs Cem. | LOCATION (City, town, or county) (State) Emmitsburg. Fredk Co. MD

DATE REC'D BY LOCAL REGISTRAR Jan 4. 1955 | REGISTRAR'S SIGNATURE M. F. Shuff | 24. L. FUNERAL DIRECTOR M. L. Creager & Son. ADDRESS Thurmont. Md

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00551

00552

CERTIFICATE OF DEATH

Reg. Dist. No. 144

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Thurmont
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS East Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont X
STREET ADDRESS (If rural give location) East Street

3. NAME OF DECEASED: (Type or Print) (First) Gertrude Augusta (Middle) (Last) Unger

4. DATE OF DEATH: (Month) Jan. (Day) 26 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept. 21, 1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months 4 Days 5 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? Citizen USA

13. FATHER'S NAME: Charles W. Sweeney

14. MOTHER'S MAIDEN NAME: Emma C. Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Lester Unger Thurmont, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) Myocardical failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic myocarditis — ?

DUE TO (C) Arteriosclerosis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus — 20 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1954, to Jan. 26, 1955, that I last saw the deceased alive on Jan. 25, 1955, and that death occurred at 3 AM, from the causes and on the date stated above.

SIGNATURE M. Franklin Bird M. D. ADDRESS Thurmont Md. DATE SIGNED 1/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Jan. 29, 1955

NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery

LOCATION (City, town, or county) (State) Thurmont, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 28 1955

REGISTRAR'S SIGNATURE Blanche S. Eyler

24. FUNERAL DIRECTOR ADDRESS M. L. Creager and Son-Thurmont, Md.

1955

00526 00552

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) 11 ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 PINE AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK 11
STREET ADDRESS (If rural, give location) 112 PINE AVENUE 1

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) LOUISE (Last) WACHTER

4. DATE OF DEATH (Month) JAN. (Day) 23, (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): MARRIED

8. DATE OF BIRTH: JAN. 23, 1914

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN HENRY ADAMS

14. MOTHER'S MAIDEN NAME: ANNA LOUISE BISER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: 215-11-1150

17. INFORMANT & ADDRESS: HUSBAND HARRY WACHTER - 112 PINE AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

42 .c

Immediate cause (a) ACUTE CORONARY ARTERY THROMBOSIS — Interval Between Onset and Death: 20 MINS.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE — YRS

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. OBESITY

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. NONE

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Turie, M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED Jan. 24, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Jan. 26, 1955 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 24 Jan. 1955 REGISTRAR'S SIGNATURE Elizabeth L. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00527 00553

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick
LENGTH OF STAY (In this place) Years
69 HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick //
STREET ADDRESS (If rural give location) 5 King Avenue /

3. NAME OF DECEASED: (Type or Print) (First) KATHERINE (Middle) WILLARD (Last) WALLACE

4. DATE OF DEATH: (Month) January (Day) 13, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: April 5, 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pocket Maker

10B. KIND OF BUSINESS OR INDUSTRY: Tailoring Co.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: A. R. Willard

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 219-05-8039

17. INFORMANT & ADDRESS: 5 King Avenue, Mr. John H. Wallace, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Multiple Myeloma	1 year
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Bronchopneumonia	2 weeks
	DUE TO (C)	Uremia	1 week

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1., 1954, to Jan. 13., 1955, that I last saw the deceased alive on Jan. 13, 1955., and that death occurred at 1:40A M, from the causes and on the date stated above.

SIGNATURE Thomas E Stone M.D. ADDRESS Frederick, Maryland DATE SIGNED 1/13/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Jan. 15, 1955 | NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery | LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 14 Jan. 1955 | REGISTRAR'S SIGNATURE Elizabeth S. Hoke

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

BUREAU V. S.

00553 00554

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 134

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg X
LENGTH OF STAY (in this place) Yes.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annandale Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Emmitsburg X
STREET ADDRESS (If rural, give location) Annandale Rd.

3. NAME OF DECEASED: (First) LeRoy (Middle) Albert (Last) Wierman
4. DATE OF DEATH (Month) Jan. (Day) 9, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 5, 1912	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Trucker	Refuse	Frederick Co. Md.	U. S. A.

13. FATHER'S NAME: Joseph Wierman
14. MOTHER'S MAIDEN NAME: Nora Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	217-10-2674	R. D. #1 Emmitsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CRUSHED CHEST DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: MINS.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway	21c. (City or town) Emmitsburg -	(County) Frederick -	(State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1-9-55 8 1/2 P. M.	21e. INJURY OCCURRED While at work ☒ Not while at work ☐	21f. HOW DID INJURY OCCUR? Truck he was driving overturned on him.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Irvine, M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Jan. 9, 1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 12, 1955	[illegible] View	Emmitsburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 11-1955	M. F. Shuff	J. L. Allison	Emmitsburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00555

Item 21 Film G176 2-4-55 ams

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 00528
   COUNTY Frederick MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
   LENGTH OF STAY (in this place) 57 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Maryland COUNTY Frederick
   ~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Knoxville, Rt. 1
   STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) (Last) Wilhelm

4. DATE OF DEATH: (Month) 1 (Day) 29 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify):

8. DATE OF BIRTH: ?

9. AGE Last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Fahrney

14. MOTHER'S MAIDEN NAME: Alice Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Luther Wilhelm - Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 900.0 (a) Myocarditis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Fracture Hip - Shock Senility

DUE TO (c)

Interval Between Onset And Death: 1 mo

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 ✓

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE ? (Specify) Home

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Brunswick (COUNTY) Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 12-22-54 m.

INJURY OCCURED While at Work ☐ Not While At Work ☐ 1

HOW DID INJURY OCCUR? Fell down steps at home

22. I hereby certify that I attended the deceased from Dec. 21, 1954 to Jan 29, 1955, that I last saw the deceased alive on Jan 29, 1955, and that death occurred at 12:20 AM from the causes and on the date stated above.

SIGNATURE E P Thomas (Degree or title) ADDRESS Frederick Md DATE SIGNED Jan 29-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 31-1955 NAME OF CEMETERY OR CREMATORY Park Heights Cem LOCATION (City, town, or county) (State) Brunswick Md

DATE REC'D BY LOCAL REGISTRAR 29 Jan 1955 REGISTRAR'S SIGNATURE Elizabeth L. Heck

24. FUNERAL DIRECTOR C D Feete Bros, Brunswick Md ADDRESS

VS. A15

RECEIVED
FEB 1 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00556

CERTIFICATE OF DEATH

^^529

Reg. Dist. No. 13 1

1. PLACE OF DEATH: FREDERICK MEMORIAL Hospital

10 COUNTY FREDERICK MARYLAND

CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) 11 FREDERICK

LENGTH OF STAY (in this place) 4 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 FREDERICK MEMORIAL Hospital

USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY FREDERICK

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11

STREET ADDRESS (If rural give location) 451 W. Patrick St. 1

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) W (Last) YOUNG

4. DATE OF DEATH: (Month) January (Day) 2 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify):

8. DATE OF BIRTH: 7-3-81

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Carpenter ~~NONE~~

10b. KIND OF BUSINESS OR INDUSTRY: Day work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Young

14. MOTHER'S MAIDEN NAME: Mary Albaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Wm. J. Gouker-451 W. Patrick St. Fred'k. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Gangrene of Legs DUE TO — Interval Between Onset And Death: 1 mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 28, 1954, to Jan. 2, 1955 that I last saw the deceased alive on Jan. 2, 1955 and that death occurred at 7:55 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) G. A. Geare, M.D. ADDRESS Frederick Md. DATE SIGNED 1/4/55

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial

DATE THEREOF 1-4-1955

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR 4 Jan 1955

REGISTRAR'S SIGNATURE Elizabeth Y. Heck

24. FUNERAL DIRECTOR ADDRESS C.E.Cline and Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 6 1955
BUREAU V. S.